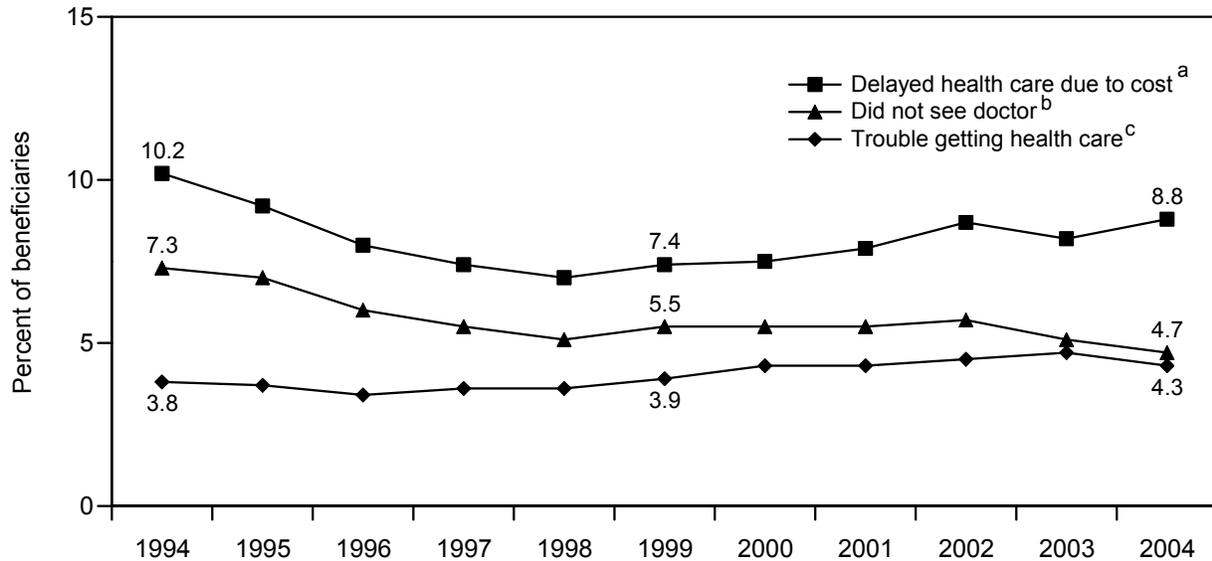


SECTION

5

**Access to care in the
Medicare program**

Chart 5-1. Beneficiaries' reports of difficulties obtaining care, 1994–2004



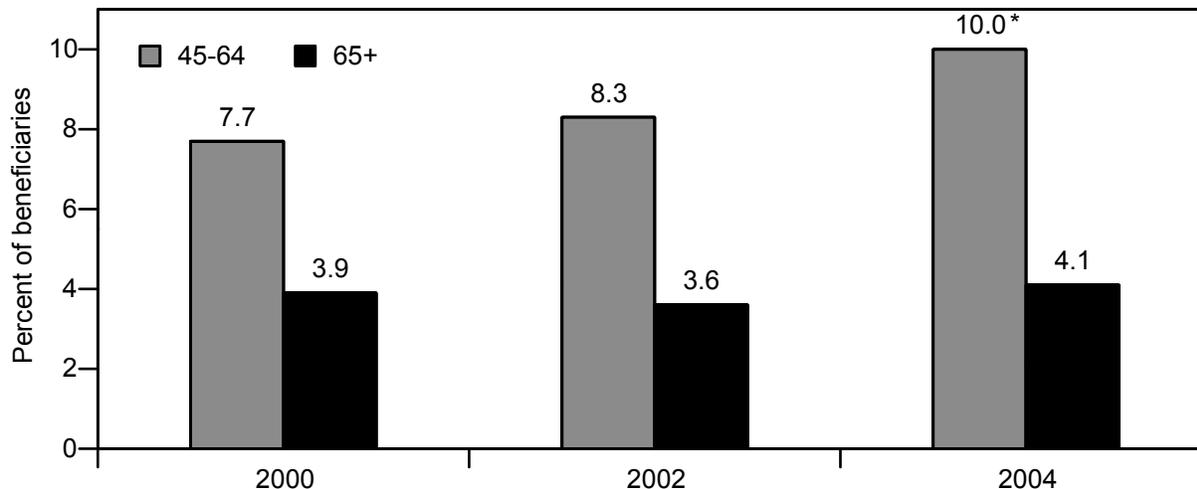
Note: These data reflect the answers given by noninstitutionalized beneficiaries.
^a Answered “yes” when asked if they delayed seeking medical care because they were worried about the cost.
^b Answered “yes” when asked if they had a serious health problem or condition about which they should have seen a doctor or other medical person, but did not.
^c Answered “yes” when asked if they had any trouble getting health care that they wanted or needed.

Source: CMS analysis of Medicare Current Beneficiary Survey, Access to Care file, 2004.

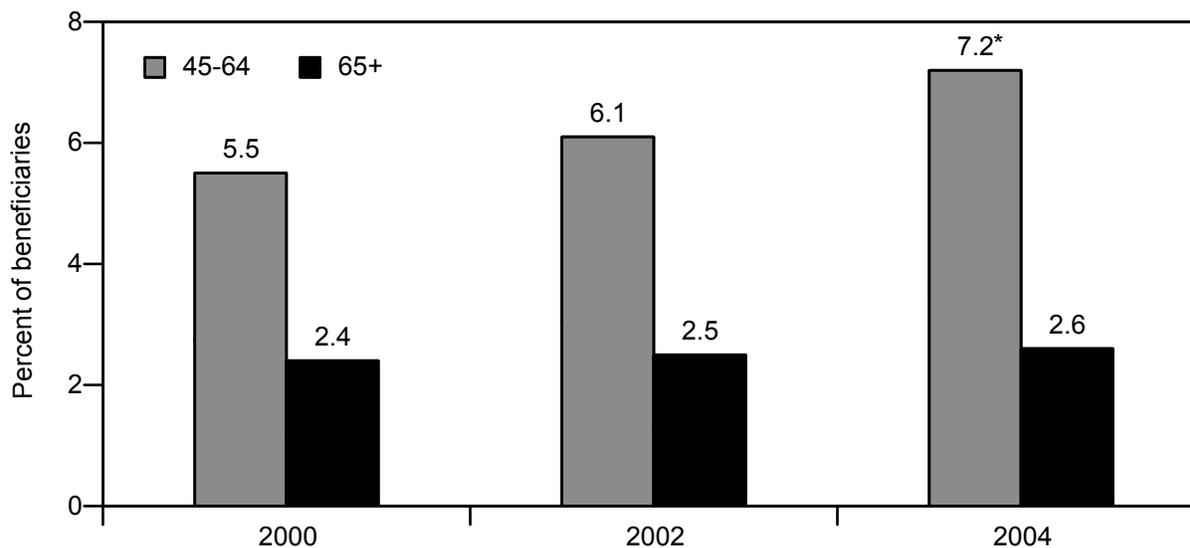
- In 2004, more than 90 percent of beneficiaries reported good access to care, regardless of the question asked.
- When asked whether they delayed health care due to cost, 8.8 percent of beneficiaries answered yes in 2004, compared to 10.2 percent in 1994.
- Similarly, the percentage reporting that they did not see a doctor (when they needed to) declined from 7.3 percent to 4.7 percent in 2004.
- The percentage of beneficiaries who reported trouble getting health care has remained relatively stable since 2000. However, since 1994, the beneficiaries who reported trouble getting health care increased from 3.8 percent to 4.3 percent in 2004.

Chart 5-2. Fewer aged beneficiaries delayed or failed to obtain care due to cost, compared with younger Americans

Delayed getting care due to cost



Failed to obtain care due to cost



Note: Medicare beneficiaries in the sample are over 65 years old and living in the community.
*Statistically significant change from 2000.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention: National Health Interview Survey, 2000, 2002, 2004.

- About 4 percent of persons over 65 years old delayed care and fewer than 3 percent failed to obtain care due to cost over the three time periods. These rates were much lower than problems reported by persons 45 to 64 years old. Changes in reported problems for Medicare beneficiaries are not statistically significant.

Chart 5-3. Access to physicians is similar for Medicare beneficiaries and privately insured people

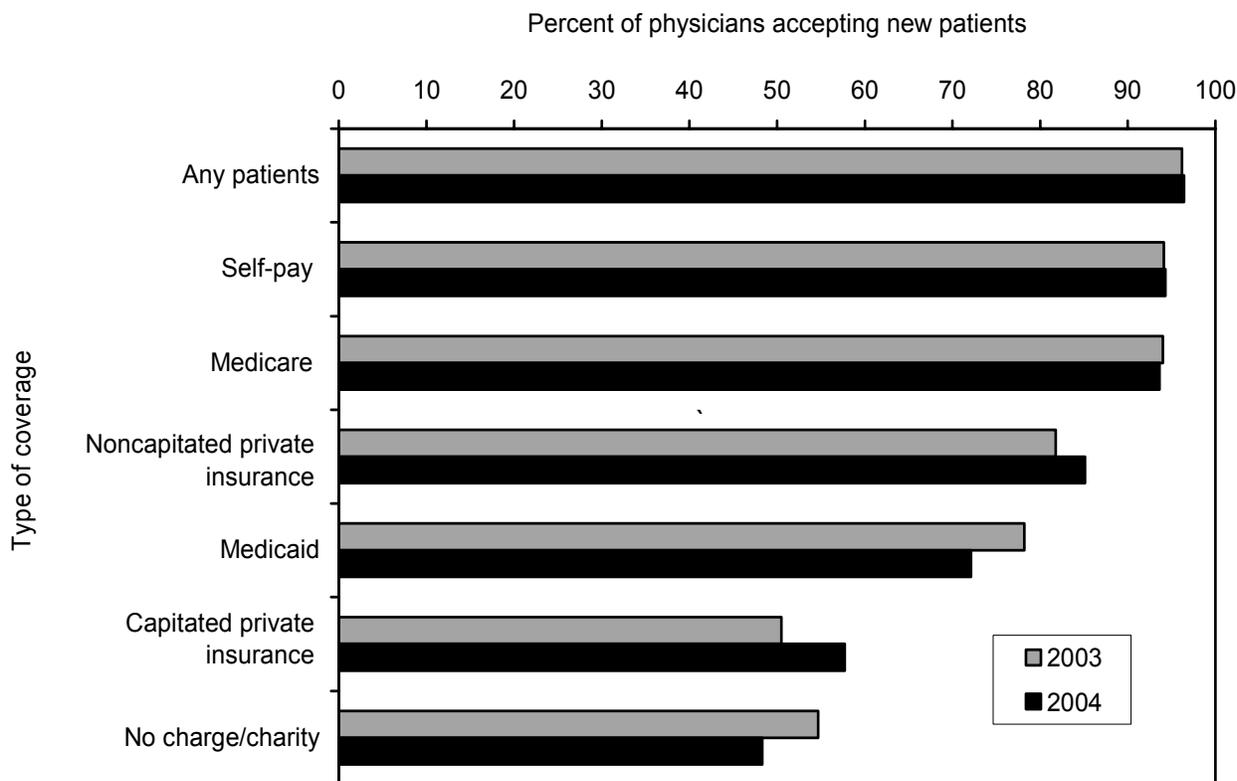
Survey question	Medicare Age 65 and older		Private insurance Age 50–64	
	2004	2005	2004	2005
Unwanted delay in getting an appointment: Among those who had an appointment, “How often did you have to wait longer than you wanted to get a doctor’s appointment?”				
For routine care				
Never	73%*	74%*	66%*	67%*
Sometimes	21*	21	26*	25
Usually	4	3	5	5
Always	2	2	3	3
For illness or injury				
Never	83*	83*	77*	75*
Sometimes	13*	15	19*	19
Usually	2	1	3	3
Always	2	1	2	2
Getting a new physician: Among those who tried to get an appointment with a primary care physician or a specialist, “How much of a problem was it finding a primary care doctor/specialist who would treat you? Was it...”				
Primary care physician				
No problem	77	75	73	75
Small problem	11	12	15	16
Big problem	11	13	13	9
Specialist				
No problem	89	89	83	86
Small problem	5	6	8	7
Big problem	5	5	8	6
Not accessing a doctor for medical problems: “In the past year, do you think you should have seen a doctor for a medical problem, but did not?”				
	6*	7*	11*	12*

Note: Numbers may not sum to 100 percent due to rounding. Missing responses are not presented. For the 2004 survey, n=4,122 (2,087 Medicare; 2,035 privately insured); for the 2005 survey n=4,021 (2,012 Medicare; 2,009 privately insured). For each survey question, there is no statistical difference between years, at a 95 percent confidence level. *Indicates a statistically significant difference between the Medicare and privately insured populations, at a 95 percent confidence level.

Source: MedPAC-sponsored telephone surveys conducted August–September 2004 and 2005.

- Medicare beneficiaries and privately insured people age 50 to 64 reported very similar experiences accessing physicians. For some indicators, Medicare beneficiaries enjoyed slightly better access than their privately insured counterparts.
- Most Medicare beneficiaries and people age 50 to 64 did not have a delay getting an appointment due to scheduling issues. For both groups, appointment scheduling was easier for illness or injury appointments than for routine care.
- Both Medicare beneficiaries and privately insured individuals reported more difficulty finding a primary care physician than a specialist, but most were able to access either type with little or no problem.
- In 2005, 7 percent of Medicare beneficiaries and 12 percent of privately insured individuals said they think they should have seen a doctor for a medical problem in the past year, but did not. Respondents indicated that physician availability issues (e.g., appointment time, finding a doctor) were less common reasons for not seeing a doctor than other reasons, such as cost.

Chart 5-4. Percent of physicians accepting new patients, by type of insurance, 2003–2004



Note: Estimates include only physicians for whom at least 10 percent of their revenues come from Medicare. Office-based physicians exclude the specialties of anesthesiology, radiology, and pathology.

Source: Unpublished data from the National Ambulatory Medical Care Survey, 2003–2004.

- The share of physicians accepting new Medicare fee-for-service patients remained high in 2003 and 2004—above 90 percent.
- Although acceptance of capitated private insurance is lower than noncapitated private insurance, physician acceptance of both increased a little between 2003 and 2004.
- Specialists and surgeons are more likely to accept new Medicare patients than primary care physicians. The share of primary care physicians who accept new patients declined slightly, at about the same rate for both Medicare and privately insured patients between 1999 and 2002 (not shown in table).

Chart 5-5. Physician acceptance of new Medicare patients has stabilized

Patients	Percentage of physicians accepting new patients		
	1996–1997	2001–2002	2004–2005
New Medicare			
All	75%	71%*	73%
Most	13	15*	14
Some	10	10	10
None	3	4*	3
New privately insured			
All	71	68*	72**
Most	16	17	15
Some	10	10	9
None	4	5*	4

Note: Medicare rates exclude pediatricians, pediatric specialists, nephrologists, and physicians accepting no new privately insured patients.

*Change from 1996–1997 is statistically significant at $p < .05$.

**Change from 2000–2001 is statistically significant at $p < .05$.

Source: Cunningham, P., A. Staiti, and P. B. Ginsburg. 2006. *Physician acceptance of new Medicare patients stabilizes in 2004–05*. Tracking report no. 12. Washington, DC: Center for Studying Health System Change. January.

- The large majority of physicians in the United States are willing to accept new Medicare beneficiaries, and this share remains steady, according to survey findings from The Center for Studying Health System Change (HSC).
- Only 3 percent of physicians with practices open to private patients completely closed their practice to new Medicare patients. In contrast, 73 percent of physicians with practices open to private patients reported that they accepted all new Medicare patients; 14 percent said they accepted most new Medicare patients; and 10 percent said they accepted some new Medicare patients.
- While there was a dip in acceptance of Medicare patients between 1996–1997 and 2000–2001, the study authors suggest that the increases in the most recent survey (2004–2005) indicate stabilization.
- Physician acceptance of new Medicare patients follows a similar trend as acceptance of new privately insured patients, suggesting that overall health system dynamics have played a larger role in physician decisions about accepting Medicare patients than have Medicare payment policies.

Chart 5-6. Most beneficiaries had little or no problem accessing home health and special therapy services

	Home health				Special therapy			
	2001	2002	2003	2004	2001	2002	2003	2004
Did you experience a problem?								
No problem	74%	76%	77%	78%*	84%	85%	85%	85%*
A small problem	13	13	12	12*	9	8	8	8*
A big problem	12	12	11	11*	7	7	6	6

Note: Percentages are proportions of those who answered the question. Missing responses were not included. Columns do not total 100 percent due to rounding.

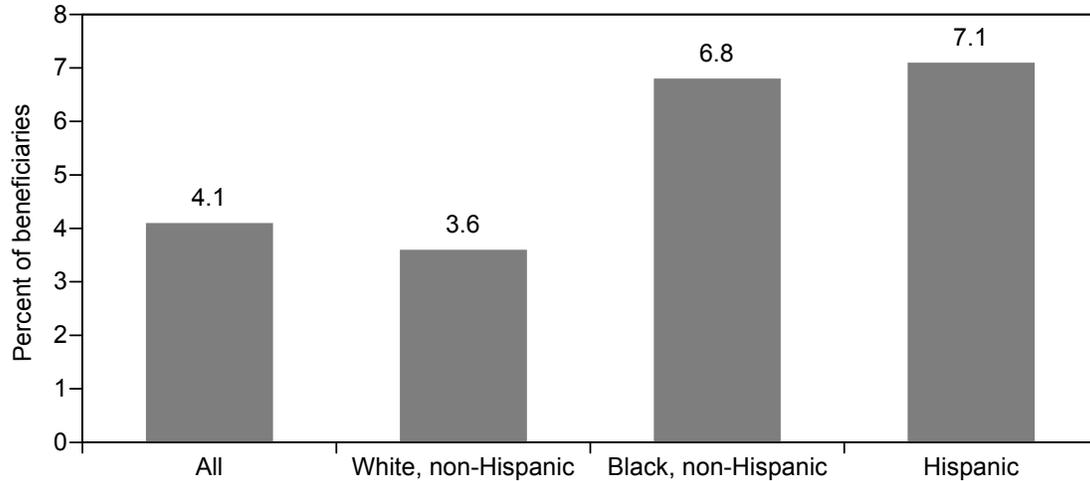
*The difference between 2001 and 2004 is significant at the $p < .05$ level.

Source: MedPAC analysis of Consumer Assessment of Health Plans Survey, 2001–2004.

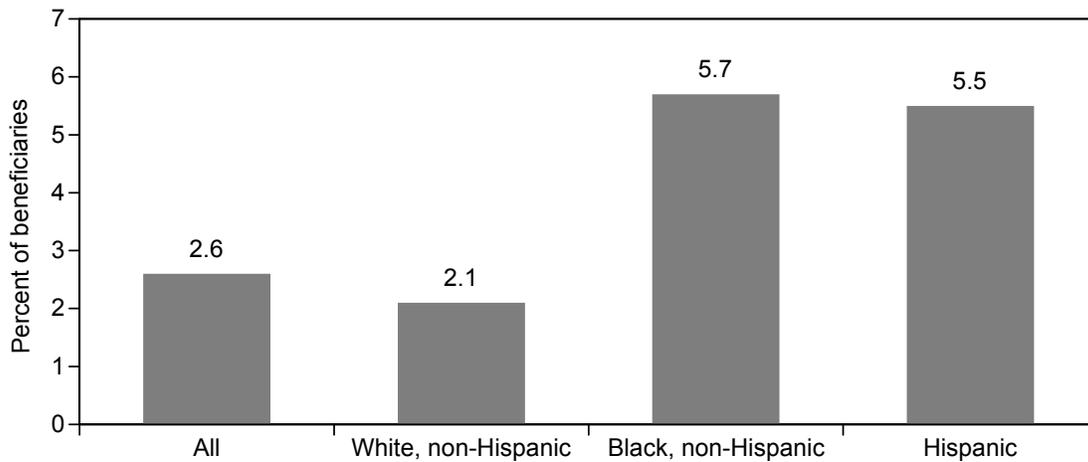
- Most beneficiaries had little or no problem accessing home health services (90 percent) and special therapy services (93 percent—which includes physical and occupational therapies and speech-language pathology services).
- In 2004, 78 percent of beneficiaries reported having no problems accessing home health services, a slight increase over the share in 2001.
- In 2004, 85 percent of beneficiaries reported having no problems accessing special therapy services, a slight increase over the share in 2001.

Chart 5-7. Ethnic and racial disparities in delaying or failing to obtain care, 2004

Delayed getting care due to cost



Failed to obtain care due to cost



Note: Beneficiaries in the sample are over 65 years old and living in the community.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention: National Health Interview Survey, 2004.

- Few persons over 65, regardless of race or ethnicity, report delaying or failing to obtain care.
- Hispanics were more likely to report problems and white, non-Hispanics were least likely to report problems.

Chart 5-8. Beneficiaries differ in their reports of obtaining needed, urgent, or routine care, 2004

Beneficiary characteristic	No problem getting needed care	Always got care as soon as wanted	
		Urgent	Routine
Overall	90%	73%	63%
Aged (65 years and older)	92	76	64
Disabled (Under 65)	83	63	56
White	92	75	64
African American	85	68	63
Hispanic	81	61	55
Medicare only	84	66	61
Dually eligible	81	67	59
Supplemental Insurance	93	76	64

Source: Research Triangle Institute analysis of data from the Medicare Fee-for-Service National Implementation Subgroup Analysis 2004, submitted to CMS.

- The percentage of beneficiaries reporting no problem getting needed care is significantly higher than those who reported that they could get urgent or routine care as soon as they wanted it. This may seem inconsistent, but the last two questions add the dimension of timing into their responses. It appears that while most beneficiaries are able to get care, they may not get it as soon as they want it.
- Disabled beneficiaries under 65 were more likely than aged beneficiaries to report problems receiving necessary, urgent, or routine care.
- The presence and type of supplemental insurance also affected beneficiaries' ability to obtain care with no problems. Sixty-seven percent of dually eligible beneficiaries reported they always got urgent care as soon as they wanted, compared with 73 percent of all beneficiaries. Seventy-six percent of beneficiaries with supplemental insurance reported the same experience.
- Hispanics had a harder time than other ethnic or racial groups getting needed, urgent, and routine care.

Web links. Access to care in the Medicare program

- Chapter 2B of the MedPAC March 2006 Report to the Congress provides more information on beneficiary access to physicians.

http://www.medpac.gov/publications/congressional_reports/Mar06_Ch02b.pdf

- Chapter 3 of the MedPAC March 2003 Report to the Congress provides a broad overview about beneficiary access to health care.

http://www.medpac.gov/publications/congressional_reports/Mar03_Ch3.pdf

- The Commonwealth Fund released a chart book in Spring 2005 which has further information on access in the Medicare program.

<http://www.cmf.org>

- Additional information about physician acceptance of new Medicare patients can be found at

<http://www.hschange.org/CONTENT/811/>

